

# **Rush County Health Department**

101 E 2<sup>nd</sup> Street, Rm 105

Rushville, IN 46173

765-932-3103 (office) 765-938-2604 (fax)

[rcdh@rushcounty.in.gov](mailto:rcdh@rushcounty.in.gov)

## **Temporary Food Establishment Permit Application**

Name of Event: \_\_\_\_\_

Starting Date and Time: \_\_\_\_\_ Ending Date and Time \_\_\_\_\_

Location/ Address of Event: \_\_\_\_\_

Event Coordinator Name and Contact Information \_\_\_\_\_

Common Name of Your Establishment: \_\_\_\_\_

Owner/Corporation Name: \_\_\_\_\_

Owner/Corporation Mailing Address: \_\_\_\_\_

Owner/Corporation City, State, Zip Code: \_\_\_\_\_

Owner/Corporation Telephone: \_\_\_\_\_

(Please list menu items here)

Please provide the following requested information:

1. Source of Water Supply: \_\_\_\_\_

2. Method of Liquid Waste Disposal: \_\_\_\_\_

Required Permit Fee:

\$35.00 a day after 3 days \$100.00 event

\$ (list total amount enclosed here)

I/we attest that the above information is accurate to my/our knowledge at this time. I/we further agree to comply with all applicable Rush County, Indiana ordinance and laws to include allowing the Rush County Health Department access to the establishment as required. The \$35.00/day fee must be submitted along with this application at least seven (7) days prior to the event starting date. Make checks and money orders payable to "Rush County Health Department". Be advised that this fee is required for permit issuance and is non-refundable. It is unlawful to operate a food establishment within Rush County without a valid permit. Issued permits are non-transferable and must be posted in a conspicuous place within the establishment during all hours of operation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use  
Only:

Payment Received date

Permit/Receipt Number

Expiration Date of Permit

Date Permit Issued